FOR STATE HEALTH DEPT.

director. Page YOUR TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delease executed within 24 hours after death. If any delease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 7/59

0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17.70 MEDICAL EVAMINEDIS CERTIFICATE OF DEATH

	14493 WEDI	CAL	EXAMIN	EK 3	CERTIF	ICAI	E OF	DEATH	16	141	16	
1. PLACE OF DEA:	Somerset				2. USUAL I		ce (Where o	daceased lived, li b. COU	NITY -	esidenc		dmission)
b CITY OR TOWN	(if outside corporate limits,	-	MARY		CITY O			porate limits, wri				(n)
	Crisfield		Lifetime	VI 114 10	29		field	poidle films, wit	ie KOKAL alia	Bi ka ti	ediezi iow	nj
d. NAME OF HOS	PITAL OR INSTITUTION (if n	of In hose		ess)	d. STREET						e. 15 Ri	ESIDENCE
	14 Potomac				1		otoma	e St.			YES [NO 2
3. NAME OF DECEASED	First		Middle		Last		4. DATE	Mont	h	Doy	Yee	
(Type or print)	LILLIA	N	BURKE		BETTS		DEAT	H Decem	ber	23	19	61
5. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIE	DIT	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24							24 HRS.
Female	7 77. 5 4.	VIDOWE			1 1 1 1 1 1							Min.
10a. USUAL OCCUPA	TION (Give kind of work working life, even if relired)	10b. KI	ND OF BUSINESS OF	INDUST	RY 11. BIRTHPL	ACE (State	or foreign co	ountry)	12. CITI	ZEN OF	WHAT	OUNTRY
Housewife		0	wn home		Crisf	ield,	Mary!	land	U	SA		
13. FATHER'S NAME		1			14. MOTHER'S	S MAIDEN	NAME	-		-		
William A	. Burke				Annie	Some	rs					
	VER IN U.S. ARMED FORCE		SOCIAL SECURITY N	0. 17.	INFORMANT			Addres	is			_
(Yes, no, or unkown)	(If yas give wer or detas of serv None	lca)	None	A	Reese	Betts	. 14	Potomac	St C	risi	field	. Md
	DEATH Enter only one ca	usa per II	na for (a), (b), and (e		117						RVAL BET	
	TH WAS CAUSED BY		art atta		line to	foll				ONS	ET AND	HTASC
900	IMMEDIATE CAUSE (e)	nec	ar b abbai	CK O	tue to	1 01-1-1				101	nute	3 3
100	DUE TO	100	_									
Conditions, if e	(1)	EXT	pired mo	nent	s afte	r fa	ll do	wn ste	ps.	-		
geve rise to Imme	> DIE TO											
causa last.	(c)											
PART II. OTH D 2Do. EXTERNAL PRIMARY Or C CAUSE OF DEATI	ER SIGNIFICANT CONDITIC	NS CON	TRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	J(a) 19	PERFO	UTOPSY RMED?
2De. EXTERNAL	CAUSE WAS 206.	DESCRI	BE HOW INJURY OC	CURED. (Enter nature of in	jury In Peri	I or Part II	of item 1B.)				
CAUSE OF DEAT		Fal:	l on icy	ste	eps.							
3 20c. TIME OF IN	JURY Month, Day, Year	2Dd. 1	NJURY OCCURRED	20e. PL/	ACE OF INJURY	Home, farm	, 20f. (CI	ty or town)	(Coun	ity)		(Steta)
20c. TIME OF IN.	Dec. 23 6	Whila			idence	i bldg., etc.	" Cri	sfield	Some	ers	et	Md,
21. I certify	that I took charge of I	he rem	ains described at	ove, he	eld an Autops	sy 🗍.	Inspection	Inqui	гу 🔀	and i	n my o	pinion
death resulted	from: Natural caus	es .	Accident X	Suic	ide, H	omicide	, U:	ndetermined r	nanner 🗌			
	N 1. 1		0		CHIEF	MEDICAL I	EXAMINER [
ACTUAL SIGNATURE_	6 411	au	dey_		M.D. ASSIS	TANT MEDI	ICAL EXAMI	NER 🔲			TE SIG	NED
		پي بدني	7			Y MEDICAL	LEXAMINER	25		12	1261	61
EXAMINER'S NAME (Type)	C. G. Raw]	Ley,	M. D.		Addre	ss (Street, c	city, town, or	recounty) Som	erset	Cow	nty,	Md.
22a. BURIAL, CREMAT	ION, 226. DATE THEREOF		22c. NAME OF CEN	AETERY O	R CREMATORY			ATION (City, low			(Stat	
REMOVAL (Speci	12/27/61		Sunnyridg	e Ce	metery		Crisf	ield, Ma	ryland			
23. FUNERAL DIRECT	1		ADDRESS			24a. REC		TRAR 24b. REG		-	RE	
Bradshaw &	Sons, Crisf:	leld.	Maryland			DATE	N 2 '6	2 a	itims 8.	times		

Mary , Miles THE PERSON NAMED IN COLUMN APPROXICE TO THE PROPERTY OF T MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.4

Months

e. IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS.

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

2: 30 AM

PERFORMED? YES NO

(State)

DAC. 10 -

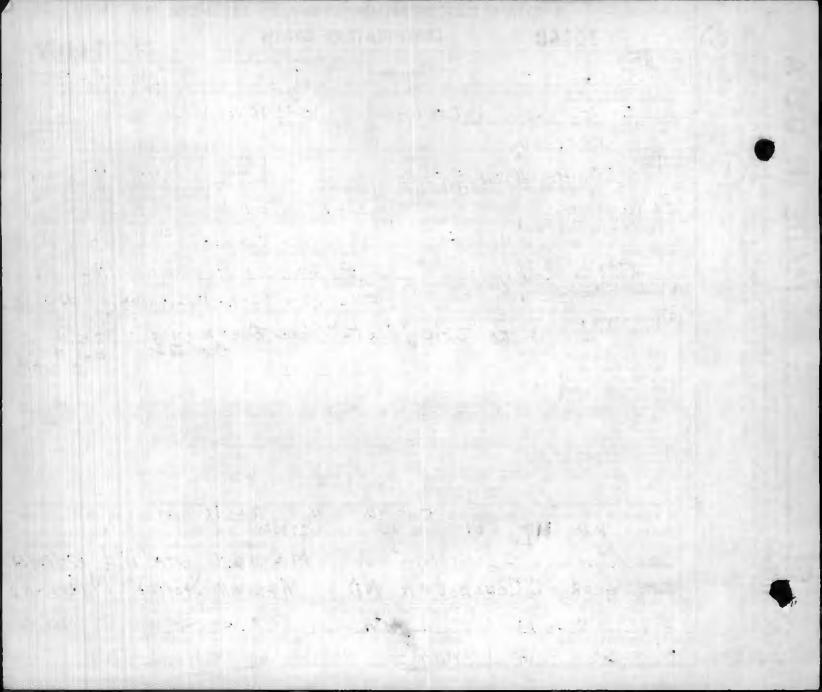
Days

(County)

ON A FARM? YES NO T

Year

1961



- Au	40		- 2
- 8	Δ		7
0	70		-
- 0	3		0
Ö	O		1
- 5	-5		- 12
D	-		4
	-		-
- >	. 0		0
ö	Ö.	,	Ξ
100	ď		ಹ
6			_
- 8	- 2		20
Ē	0		Spe
49	Q.		0
	2		
~	773	4	
- 20	_	ĸ	
90	0	12	-
-	à.	7	40
	Ě	>	O
ō	3	6.0	2
- Adm	-	0	.00
	P	-	ž
-	apr.	D	age At
-5	0	č	3
0		.2	-=
- 0	3	+	3
O	D	Te	S
- to	5	(1)	8
-	0	ă	E
1	N	2	O
66	-	0	-
5	-	E	9/3
0	37	w	100
£	40		0
107	Ö	20	۵
Ci	9	o.	40
C	83	2	-
gm	.≥		-
=	O	eć.	
3	~	3	-
-	- 2	2	E
- 41	8	-	-
-	-	E	ã.
2	E	ō	-
4	9	1	200
×	_	_#	=
-	C	-	2
0	* 1960	3	+
-	100	O	70
P	č	5	÷Ē
2	9	0	5
Ö	64	0	Ф
-	~	41	0
85		ŭ	-
+	-	1	0
8	2	Ö	70
100	=	-	0
4-	ř		5
	0	0	40
0	,CL	2	ف
445	•	E	73
100	D	ō	3
-	ō	ă.	0
O.	3	_	ج.
100	60	6	_
Z	Ě	0	4.3
3	-One	O	36
W.	G	10	0
3	-	4	2
-	·E	than (I)	44
-	3	1	K
		-	2
-	- 10		
AL	0	v	5
MAL	ote,	ë	ភ្ជ
DICAL	cote,	the (RECI
EDICAL	ificote,	o the (DIRECT
MEDICAL	rtificote,	to the (DIRECT
T MEDICAL	rtificote,	to the C	AL DIRECT
TY MEDICAL	rtificote,	to the C	EAL DIRECT
UTY MEDICAL	rtificote,	to the C	ERAL DIRECT
PUTY MEDICAL	the rtificote,	o to the C	NERAL DIRECT
PENTY MEDICAL	e the rtificote,	wa to the (UNERAL DIRECT
DEPUTY MEDICAL	ute the intifficate,	orway to the (FUNERAL DIRECT
DEPUTY MEDICAL	cute the rtificote,	forwar to the (D FUNERAL DIRECT
TO DEPUTY MEDICAL EXAMINER: This cardificate should be executed within 24 hours effer death. If any delay is necessary, please exe-	cute the militicate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	forwar to the (TO FUNERAL DIRECT

1	7	do .					STATE DEPART					18			
ion, to	(4		· ·	4441 M	EDICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. I	Dist. No	4.1.	100
should should	M	1)		PLACE OF DEATH	omerset		MARYLA	ND	o. STATE Mary		sed lived. If Institu b. COUNT	478	mer		usion)
Poge Poge			t	chance	(If outside corporate limits, was	erite RURAL	6 years	1b	Chance	If outside cor	porate limits, write	RURAL on	nd give n	earest tov	m)
director.		X	-	at home		(If not in hos	spitol, give street oddress)		Main Ro	ad				ON	SIDENCE A FARM? NO
uneral your	I)	4	NAME OF DECEASED (Type or print)	Odell	First	Middle		Brown	4. DATE OF DEATH	Dec		2 Day	79	61
to the fined for			5. \$	male	6. COLOR OR RAC	WIDOWE	ED NEVER MARRIED [DIVORCED]	-		924	9. AGE (In years lost birthday) 37 yrs.	Months	P TYEAR	Hours	R 24 HRS. Min.
ond 3 ond 3 be reto			10a	luring most of work	ION (Give kind of working life, even if retired CPMAN)	11	cind of Business or ini Beafood	DUSTR	Marylan	-	country)		S.A		COUNTRY?
es 1, 2, 5 may			13.	FATHER'S NAME Oti	s Brown				14. MOTHER'S MAIDEN		mond				
ive Poge Poge File po			15. (Yes	WAS DECEASED E	VER IN U. S. ARMED F		25-20-4836		romani Vellie Bro	wn, C	hance,	Md.			
na PM3		B			ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (Or	for (o), (b), and (c).]	1	Theenlo	مت			INTER	YAL BETY	H K K K K K K K K K K K K K K K K K K K
in Item with for				332 Conditions, if	DUE TO	ь									
pencil olong burial				gove rise to imm (a), stating the couse lost.	ediote couse										
nding" in r's Office used os o		0	FICATION	PART II. O	THER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH B	UT NO	OT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PAI		PERFOI	UTOPSY RMED?
8 2 2			CERT	20g. EXTERNAL COPRIMARY OF CO	ONTRIBUTING 🗆	20b. DESCRIS	HOW INJURY OCCURRE	D. (En	ter nature of injury in Por	rt I or Port II	of item 18.)				
the ward lical Exam			MEDICAL	20c. TIME OF INJ Hour o. m		While		PLACI	E OF INJURY (Home, form y, street, effice bldg., etc	n, 20f. (City	or town)	(Co	ounty)		(Stote)
writing the					that I took chore d from: Noturo		emains described of Accident .		e, held an Autops ide, Homicide		nspection D.	-		ond f	ind that
ifficote, wri		2		ACTUAL SIGNATURE	200 ha	ider			M.D. CHIEF MEDICAL E					DATE SI	
M Z	removol.	Kon		EXAMINER'S NAME (Type)	P.H.J	ohn	son.		ASSISTANT MEDICAL	,	1 0	c 4.	- 1	16	/
cute the forwar	or re		220.	BURIAL, CREMATI REMOVAL (Specif Burial	Dec. 5	1961	22c. NAME OF CEMETERY St. Charles			22d. LOCA Chan	TION (City, town, o	ners		(Stote	
'S. ATSME(5	i A		23_	FUNERAL DIRECTO	SWELS	72.P.	ADDRESS rincess Ani		240. REC	D BY REGIST		TRAR'S SI			
2111 21 00	-	10													

VR A15 (4) 15M H/SH

20c. TIME OF INJURY

Manth,

Doy, Year

	144 42		RYLAND STATE D STATISTICAL RESEARCH A CERTIFICA	ND RECORDS -	- BALTIM			1	4.4	0.9		
1. PLACE OF DEATH				2. USUAL RESIDE	ENCE (Whe	re deceased	lived. If institution	in: Residen	ce befor	e admissi	an)	
	erset		MARYLAND	Maryland Somerset								
Shell town	side corporate limit t tawn)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Shelltown								
d. NAME OF HOSPITAL (OR INSTITUTION	f not in hospitol, gi	ve street	oddress)	d. STREET AD	DRESS						DENCE FARM? NO 🔣	
3. NAME OF DECEASED (Type or print)	ELODIE		Middle E .	CROPPER		4. DATE OF DEATH	Decembe		Day 20		ear 9 61	
	color or RACE	7. MARR	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 27	, 188		9. AGE (In years last birthday) 78 yrs.	Months	1 YEAR Days	Hours	Min,	
during most of working Housewife	Give kind of work d life, even if retired)	ane 10b.	KIND OF BUSINESS OR INDU		ce (State o Mary		ountry)		USA	WHATC	DUNTRY?	
13. FATHER'S NAME				14, MOTHER'S A	MAIDEN NA	ME						
George Edg	gar Davi	S		Anı	nie 8	Smith	1					
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes	U. S. ARMED FORC	rvice)	0 1	nformant Miss Lea	nne 1	V. Cr	Addr	she]	llto	wn.	Md.	
1B. CAUSE OF DEATH PART I. DEATH Y	Enter only one cou VAS CAUSED BY: MEDIATE CAUSE (a)		ne for (a), (b), and (c).]	t-Usemis	c -					T AND		
Canditions, if any	diffite (Bu	years) inchiectacio	- Veries		trois	Solit 10d	ia)				
couse (a), slating the lying cause last.		Eh	vous myread	itis, nep	kutu	<u>.</u> '				fear	b -	
PART II. OTHER S			CONTRIBUTING TO DEATH BUT	T NOT RELATED TO	THETERMIN	IAL DISEASI		EN IN PAR	T 1(o) 19	PERFOR	UTOPSY MED? NO	

CERTIFICATION PART 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED

MEDICAL factory, street, affice bldg., etc.) While Haur a. m Nat while at work of work p. m. 1961_, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram.

saw the deceased alive an and that death accurred at _____M, from the causes and an the date stated above. 220. SIGNATURE SIGNED 30/6 M.D. PHYS. MED.

22c. PHYSICIAN'S 22d. ADDRESS COULBOURN -

20e. PLACE OF INJURY (Home, farm,

23c. NAME OF CEMETERY ON OF COMMITTEE 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23d. LOCATION (City, town, or county) (State) Rehobeth Presbyterian Rehobeth. Maryland

25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR welver & traces City, Md. DATE JAR 2 ocomoke

20f. (City or town)

(County)

(Stote)

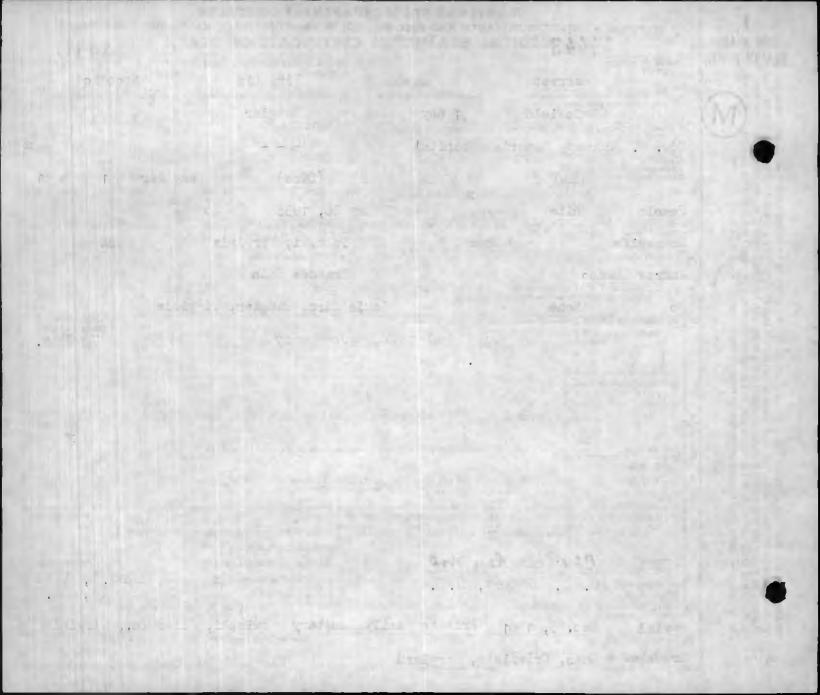
The second secon deal of your June -The restriction of the state of Show horanten , repetition the property of some in the last and the state of t

FOR STATE HEALTH DEPT.

al director. Page for your files. TO DEL CAMBICAL EXAMINER: This certificale should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sale at should be forwarded to the Chief Medical Examiner's Office along with form 143. Page 5 may be refaired TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bog or its designated agent, prior to burial, cremation, or removal, and in any even; within 72 hours after death. VS. A15ME 5M 7/59

					MAI	RYL	AND	STA	TE D	EPA	RT/	MENT	OF	HEA	LTH					
Division	of	ST	ATIS	TICAL	RESE	ARCH	IANE	REC	ORDS	, 301	W.	PREST	ION	STREET	, BA	LTIMO	RE 1,	MA	RY	LAND
	7	Ze i	1. 1.	MEL	DICA	AL E	XA	MIN	ER'S	CE	RT	IFIC	ATE	OF	DE	HTA			i.	- 0

77770	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Somerset MARYI	LAND STATE Virginia 6. COUNTY ACCOMAC
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STA	Y IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town)
write RURAL end give naarasi town) Crisfield 1 day	Tangier 83 x 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddra	o. IS RESIDENCE ON A FARM?
Edw. W. McCready Memorial Hospital	YES NO [X]
3. NAME OF first Middle DECEASED	Lest 4. DATE Month Day Year
(Type or print) DAISY REBECCA	DIZE (Dise) December 1 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
dona during most of working life, even if relired) Housewife Home	Pulaski, Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Lucado	Frances Fain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	
(Yes, no, or unkown) (If yes give war or dates of service) No None	Lewis Dise, Tangier, Virginia
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)	
PART I. DEATH WAS CAUSED BY: Death and the	ONSET AND DEATH
IMMEDIATE CAUSE (a) TRUD GULT GU GU	ubal pregnancy 72 Hrs.
DUE TO	
Conditions, if any, which (b)	
(a), slating the underlying DUE TO	THE RESERVE AND ADDRESS OF THE PARTY OF THE
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
15	YES NO
PRIMARY Or CONTRIBUTING	CURED. (Enter nature of injury in Part I or Part II of item 18.)
	OA BLACK OF BUILDING IN A SOURCE IN THE SOUR
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 1 Hour s.m. While Not While st work st work st work	20e, PLACE Of INJURY (Home, farm, 20f. (City or town) (County) (Sleta) factory, streat, office bidg., etc.)
p.m. 19 et work et work	
21, I certify that I took charge of the remains described about	ove, held an Autopsy X. Inspection . Inquiry . and in my opinion
death resulted from: Natural causes X. Accident	Suicide . Homicide . Undetermined manner .
	CHIEF MEDICAL EXAMINER
ACTUAL CERCULLY mo.	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S C. G. Rawley, M.D.	DEPUTY MEDICAL EXAMINER Dec. 2, 1961 Address (Street, city, town, or county) Crisfield, Md.
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME	ETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele)
REMOVAL (Specify) Burial Dec. 5. 1961 Private Fa	amily Cemetery Pulaski, Giles Co., Virginia
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Bradshaw & Sons, Crisfield, Maryland	d DATOEC 6 '61 CLYL 2 4
	DATIDEC 6 '61 Clarking & Harris



FOR STATE **HEALTH DEPT.** y is necessary, director. Page or your fles. Board of Health, TO DE TABLE TO BE TO DECELLE EXAMINER: This sertificate should be executed within 24 haum after death. If any please of cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 14 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1444 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH	.+		1	ICE (Where deces		Residence beitge dmission)
	a. COUNTY Somerse	: 6	MARYLAND	a. STATE Mary	land	b. COUNTY	Somerset
	b. CITY OR TOWN (if outside co write RURAL and give neare	proporate limits, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	e limits, write RURAL e	nd give neerest town)
	Princess Anne -		life time	Y Prin	cess Anne	e - RFD	
	d. NAME OF HOSP, TAL OR INS	TITUTION (if not in hospita	l, g ve street address)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Year
	(Type or print)	John	W.	Gale		December	9. 19 61.
5.	SEX 6. COLO	R OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9. A	GE (In years IF UNDER	The second second second second
М	ale Co	lored WIDOWED T	DIVORCED [May 3, 1674		B7 yrs. Months	Deys Hours Min.
	. USUAL OCCUPATION (G vs I		OF BUSINESS OR INDUSTR			12. CI	ITIZEN OF WHAT COUNTRY!
 	Farmer FATHER'S NAME		Employed	Maryland 14. MOTHER'S MAIDEN	NAME -	į U	J.S.A.
	John W. Ga	ale		Anna Wate	rs		
	WAS DECEASED EVER IN U.S., s, no, or unkown) (Ifyesgivewa	ARMED FORCES? ! 16. SO	CIAL SECURITY NO. 17. I	NFORMANT		Address	+Jan
1	No	(01 01103 01301 VICO)	Be	ertha Lee -	Salisbury	r. Maryland	1
	18. CAUSE OF DEATH [En]	er only one cause per line	for (a), (b), and (c).]			, ,	INTERVAL BETWEEN
	PART I. DEATH WAS CAI	USED BY: Acut	e Coronary Oc	cclusion			Sudden
	430 .1	DUE TO			w A COUNTY AND ADDRESS.		
	Conditions, if any, which	(b)					
	geve rise to immediate cause	DUE TO		_			*
	(a), stating the underlying cause lest.	(c)					
ž	PART I. OTHER SIGNIFICA		SUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN IN PAR	RT 1,0) 19. WAS AUTOPSY
ATI(YES NO DO
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.		OW INJURY OCCURED. (E	nter neture of injury to Pa	rt Tor Part I. of item	18.)	
		th, Dey, Year 20d, INJL	IRY OCCURRED 200, PLA	CE OF INJURY (Home, fare	m, 20f. (City or I	lown) (Co.	unty) (Siete)
MEDICAL	Hour a.m.	While	Not While fack	ory, street, office bldg., etc	:.)	, ,	(2.0.0)
2	21. I certify that I took	charge of the romain		ld an Autonou [Innerting IV	1 C [V]	1
			Accident . Suici		Inspection X	Incurry XI.	and in my opin i on
	deam resulted from,	All Causes	Accident [,			attuttied tilatiner [_
	ACTUAL CONT	Diagram		CHIEF MEDICAL		_	DATE NIGNED
	SIGNATURE	Tilledia	-	M D.	DICAL EXAMINER [_,	12/15/61
	EXAMINER'S NAME (Type) R. H.	Johnson, M.I					1 " ()
27=	BURIAL, CREMATION, 225. I		NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	(City, town, or countr	
	Burial 12/	17/61	Mt. Zion Cer				Anne, Maryland
23	FUNERAL DIRECTOR	4	ADDRESS	24e. REG	7	24b. REGISTRAR'S S	
1	5 . P			DATE	DEG 1 8 '	61 C XII	ur S. Kraus



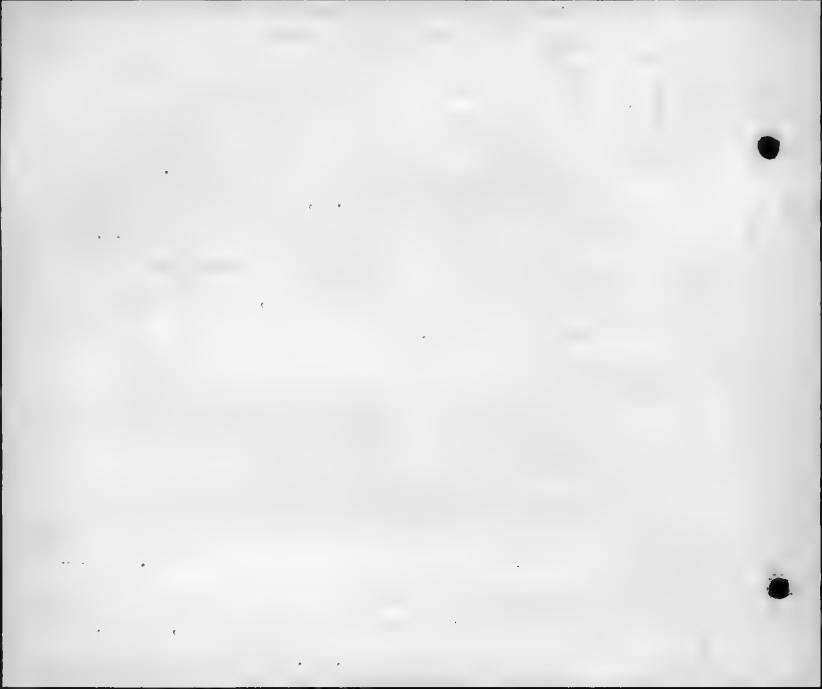
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence 1. PLACE OF DEATH a. COUNTY director. Page b. COUNTY is necessary, Somerset ryland Somerset MARYLAND c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate aimits, c. LENGTH OF STAY IN 15 your write RURAL and give neerest town) Smith Island 2 Years Smith Island d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Rhodes Point Rhodes Point Page 5 may be retained and 2 with the State E and 2 with the State E 72 hours after death. YES NO X 4. DATE NAME OF first M ddle DECEASED irs after de HELEN MARIE HEFFNER (Type or print) DEATH 1961 December 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) White WIDOWED [DIVORCED [Nov. 16, 1919 Female 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLAGE (State or fore gn country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) in pencil in Item 18, Give Pages I_e Office along with form PM3, Page Housewife At Home Co llinsville, Okla. File pages I 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Orval E. Sullivan Mary Fannie Cates 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT 3522 de Cambridge Ave. (Yes, no, or unkown) (Ifyesgivawarordatesofærvica) Office along with for burial-transit permit permit movel, and in any 4 Willis E. Sullivan-Scottsdale, Arizona 18. CAUSE OF DEATH lenter only one cause per line for (a). (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Barbituate Poisoning -- Self-Administered IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Examiner's (gaya risa to immadiata causa "pending" DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 the word но Г Medical plnods 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part II of Itam 18.) ute the certificate, writing the forwarded to the Chief MAL DIRECTOR: Page 3 st 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (Stata) factory, street, office bldg., atc.) While Not While p.m. Dec. 26 19 61 at work 21. I certify that I took charge of the remains described above, held an Autopsy A. Inspection 📆 Inquiry X and in my opinion Suicide X. death resulted from: Natural causes Accident . Homicide [Undetermined manner CHIEF MEDICAL EXAMINER C. G. Raw-ley ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED cute should be for PUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER 174 Dec. 28, 1961 C. G. Rawley, M.D. should NAME (Typa) Addrass (Streat, city, town, or county) 228, BURIAL, CREMATION, 226, DATE THEREOF T 22E. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cliy, town, or country) REMOVAL (Specify) Collinsville, Okla. Ridgelawn Cemetery 40 6 Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR JAN 2 '62 VS. ATSME Circling & Three Bradshaw & Sons--Crisfield, Maryland 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



· ·			1444 CERTIFI	ICATE OF DEATH Reg. Dist. No. 4 R. F.	
eath. Page 4 reral director. I be filed with	(+ V)		PLACE OF DEATH COUNTY SOMETSET MARYLAN	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Somerset	5
offer death. the funeral of should be fill		_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)		
offer de the func should I	V		ITAL Frincess Anne d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS	<u> </u>
	X		OR INSTITUTION	ON A FARM? YES 2 NO	5
filled i			NAME OF First Middle DECEASED (Type or print)	Hupke JAIE Dec. 29 1961	1
withir etely f		5.	6. COLOR OR RACE 7 MARRIED NEVER MARRIED [Female White widowed F divorced F	T O - 1 1 C 1 C C C Ige Altitudoy) Months Court Moure Ma	
certificate be executed within 24 haurs g physician and campletely filled in remove carbon papers. Pages 1 in		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired) Housewile		TRY
ond ond		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ote be exectician and control of corbon por softer deals.			Johann Rasp	Veronica Schaumberger	
physicic emove c hours o		15. {Yes	no. or unknown] a life year, gives work or distant of service]	17. INFORMANT Address	
				Helen Layfield, Princess Anne	
e death cei attending n please re t within 72			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 1 PART 1 DEATH WAS CAUSED BY Carcinoma	of colon with metastasis Interval Between	1
that the death by the attendin 1. Then please y event within			5 3 DUE TO	Of COTOH WICH me Castasis Tomone	113
			Conditions, if ony, which)		
signe it per			gove rise to immediate couse (a), stating the <u>under-lying</u> couse lost.		
physician as been s iot-transit aval, and	C	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
AN: The		CERTIFIC	206 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Port I or Port 11 of Item 18.)	
PHYSICI of or other this certification of the other emotion,		MEDICAL	Hour o. m. 19 While Not while of work of work	De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stofactory, street, office bldg., etc.)	rte)
ospit frer d od fo			21. I certify that (attended the deceased fram	6 1961, ta Dec 29 1961, that I last saw the deced	aser
FIND The h Tache Durit			alive on Dec 27 , 19 61, and that de	eath occurred at	
Py Boy I			ACTUAL SINGS OF CONTENTS	ADDRESS (Street, city or town, stole) DATE SIGN Dames Quarter, Md. 1-1-62	
Young	1		PHYSICIAN'S NAME (Type) Everett C. SutterMD	M.DMANAGE & CONTRACT STATE AND A STATE OF THE STA	
DSFITA be 2000 INEF e 3 short registror		220	BURIAL, CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY 22d LOCATION (City, town, or county) (State)	
D FUN Poge the re	-	ж-	Burra Specify) 1/2/62 Wicomico A		
VS A15 (4)	1 (É	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	
1SM 10/57	11		mes Numan Princess	S Anne. Note JAN 5 62 Orihun & House	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

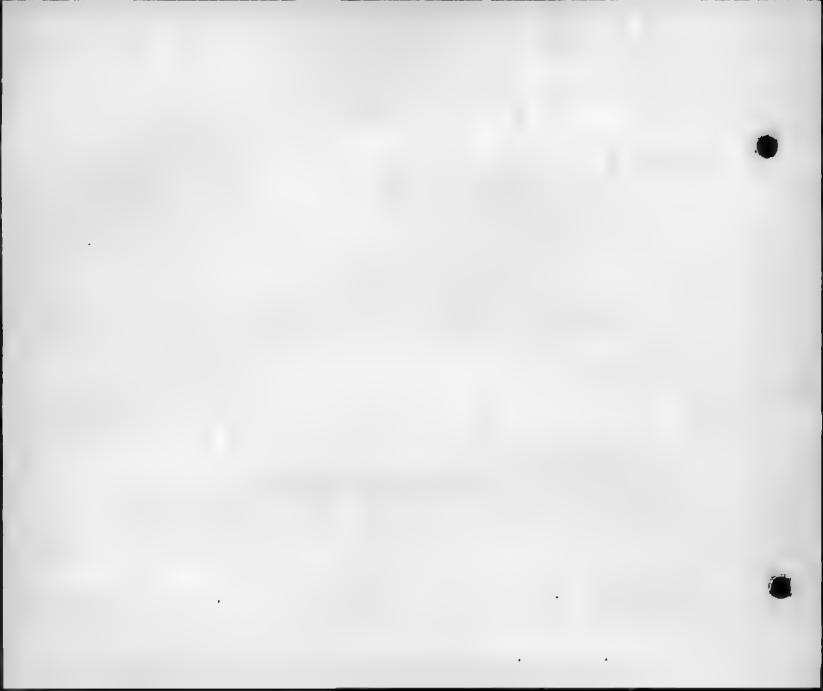


	MARYLAND STATE DEP	ARTMENT OF HEALTH	
DIVISION OF ST	ATISTICAL RESEARCH AND RECORDS, CERTIFICATE	OF DEATH	•
CE OF DEATH	1, 2	USUAL RESIDENCE (Where decessed lived, if institution	ns Residence belore de

II =	PLACE OF DEATH	
1"	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 6. STATE 6. COUNTY
	SOMER SET MARYLAND	MARYLAND SOMERSET
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest fown)
1	write RURAL and give nearest lown)	l .
1_	Crisfield	MARION STATION
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
T	DW.W.McCready Memo. Hosp.	ON A FARM?
	*A1 I	il
"	DECEASED	OF
1	(Type or print) MABEL	JOHNSON DEATH DECEMBER 7 1961
5		B. DATE OF BIRTH 19. AGE (In years HF UNDER 1 YEAR) IF UNDER 24 HRS.
	77	6 90 1 American Ann. last birthday) Months Days Hours Min.
	FEMALE NEGRO WIDOWED DIVORCED	0-20-20-1100 67m
10	te. USUAL OCCUPATION (Give lund of work one during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY
	19	MARYLAND USA
13	FATHER NAME	17AR YLAND USA
~	_	
	Joseph Johnson	LAURA COULDORN
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address
(4	es, no, or unkown) (ffyet give wer or deles of service)	
		OBERT JOHNSON, MARION, MARYLAND
	IB CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	Heart, Corch is Howalung ONSET AND DEATH
	DUE TO	A-
		yleeter
1	geve rise to immediate cause	
	(a), stating the underlying but to cleaner Ing.	e to tes
1		
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,3) 19. WAS AUTOPSY PERFORMED?
15	yoursel as line of line	
15	200 ACCIDENT WAS UNDERLYING FT 206 DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pert II of Item 18.)
GE E	OR CONTRIBUTING CAUSE OF DEATH	(
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
WEDICAL		ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
	A state of the sta	ctory, street, office bldg., etc.)
128	D. A 196 / et work et work	10 7 04
	21. I certify that (I) (this hospital) attended the deceased from.	Nec / 196/ 19/2=/=01 , 19, that (I) (we) last
	saw the deceased alive on $122-6.1$ 19, and the	it deeth occured at
	22a. SIQNATURE	22b. DATE
		ATTENDING MED. STAFF SIGNED
	Leage 6. Enellum -	M.D PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN SY	22d. ADDRESS
	NAME (Type GEORGE G. COULBOURN, M.]	MARION STATION, MARYLAND
	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	
23	REMOVAL (Specify)	Chemistricki (City, town or county) (State)
	BUTIAL DOCLO-61 FAMILLY	MARION. SOM. MD
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25%; REC'D BY REGISTRAR 256. REGISTRAR'S' SIGNATURE
1	Pl. D. Huma & Marian It	md DATESEC 18'61 Cu or d. Thomas
1/2	Thanks Hilver and Iwally alg	Md DATEC 18'61 Cu w d. Thank

:38: haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSTIAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

TO FU IL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) ISM 7/61

DIVISION	OF STATISTICA	AL RESEARCH	AND RECO	RDS, 301	W. PREST	ON STREET	r, BALTIMO	RE 1, MAR	YLAND
a. COUNTY S	OMERSET		MARYLAN	a, 5	TATE 15	YLAND	ensed lived, If Inst		ce before admissio
Write RUKAL a	(if outside corporate limited give nearest town) RISFIELD	its, c. LEN	IGTH OF STAY IN	1b c. C	ITY OR TOWN		rate limits, write RI		
	PITAL OR INSTITUTION	3.40	TT	d. 5	TREET ADDRESS				ON A FARM
EDW. W.	MCUREAD 1	r HEMO.	HOSP.	II ,	Lazi	4. DATE	Month	Day	YES NO [
(Type or print) 5. SEX	GAT.	FIELD_	general control of the control of th	JO	NES	DEATH	DECEME	BER 14	L 19 61
MALE	6. COLOR OR RACE NEGRO	7. MARRIED N	EVER MARRIED	JULY	1,18	82	1 4 5 2 45 4 3	onths Days	Hours Min.
dona during most of v	TION (Give kind of working life, aven if retire	to lob KIND OF	BUSINESS OR IND	1	TARYLA THER'S MAIDEN	ND SOL	ola da country) MSCTCG	12. CITIZEN C	OF WHAT COUNTR
JAMES	JONES VER IN U.S. ARMED FOR	ariah da aran	****			Coul			
18 CAUSE OF PART I, DEA LH43X Conditions, if er gave rise to imme (e), stating the cause lest.	(If yes give war or detect of the property of	causo per fine for (i Cloud Chuth	a), the, and to.	* Treatemor	it - The hard	Sent To	MARION,	e little	PERVAL BETWEEN USET AND DEATH OF THE STATE FROM 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	ER SIGNIFICANT CONDI JENUS WAS MADERLYING J G [MAUSE OF DEATH Y MODICAL EXAMINER)	ZC CONTRIBUTE	terras	etest	dis		Zfrs	IN PART I(a)	PERFORMED? YES NO
ZOc. TIME OF IN:		WhileNo	OCCURRED 20e 1 While 1 work	PLACE OF IN.	IURY (Homa, far office bldg., etc	m, 20f. (City	or town)	(County)	(Stete)
	10/2 660	14-61 cellum		thet death	ENDING S. ADDRESS	MED, DIRECTOR	12-14- the causes an STAFF PHYS. ARYLANI	d on the d	hat (I) (we) la ate stated abov 22b. DATE S GNI
230. BURIAL, CREMA REMOVAL (Spec F 43 - P 1 A 24 FUNERAL DIRECTO	TION, 236. DATE THE	7-1261 V Mari	NAME OF CEMET	Memo Memo	RIAL 25a. RE	MAR	TION (City, fown	or county)	

MARYLAND STATE DEPARTMENT OF HEALTH

12112 ...

VR A15 (4) 15M 7;61

MARYLAND	STATE	DEPARTMENT	OF	HEALT
----------	-------	------------	----	-------

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14450 CERTIFICATE OF DEATH 14417

- 1			The second secon									
		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed kved, If institution: Residence before admission)									
		SOMER SET MARYLAND	*. STATE MARYLAND b. COUNTY SOMESET									
		b. CITY OR TOWN (1 outside corporate limits, c. LENGTH OF STAY IN lb write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
,		CRISFIELD 11 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ON A FARM?									
	E.	.W.McCready Memorial Hosp.	RT 1 OLD STATE ROAD YES NO X									
1		NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF									
1		(Type or print) ALICE A.	LANE DEC 27 19 61									
	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.									
		F W WIDOWED DIVORCED	3-22-1896 65 yrs. Months Deys Hours Min.									
		a USUAL OCCUPATION (Give kind of work pene during most of working life, even if retired)	11 SIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?									
	13.	Housewife Own home	CRISFIELD MD. USA									
		James Brown Arintha Tawes										
	15. (Ye.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1Nes, no, or unknown) ((Ifyesgivewerordetesafservice)	NFORMANT Address									
	Ì.	NO	GINIA DIZE CRISFIELD MD									
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).)	INTÉRVAL BETWEEN ONSET AND DEATH									
		PART I. DEATH WAS CAUSED BY: MRTERIC TO TO THE										
		4 2 C A DUETO	· ·									
		Conditions, if any, which (b)										
		gave rise to immediate cause DUE TO										
		cause last. (c)										
	NO.	PART II. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?									
	SATI	1. NEPHROSCHROSIS 2 DIA	ABETES MELLITLS YES NO 1									
	CERTIFICATION		(Enter neture of injury in Part I or Pert II of Item 18.)									
	- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)										
	MEDICAL	Hour e.m. While Not While factor	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)									
	2	p.m. 17 🗀 🗀	Dec 17, 19.6.1, to DEC 27., 1961, that (I) (we) last									
			death occured at 9 50 For Mar causes and on the date stated above									
		22a. SIGNATURE	22b. DATE									
		Charles V X'Hyan Mc										
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS									
		UHAS H LITHGOW, IL.D.	CARSON BUILDING CRISFIELD MD.									
		BURIAL CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OF CREMETERY	2 2 2 2 3 3/ 3 2 3									
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
	E	Bradshaw & Sons, Crisfield, Maryland	DATEJAN 2 '62 Orthur S. Krana									



ISM 7/61

14451 CERTIFIC	ATE OF DEATH
DLACE OF DEATH COUNTY SOMERSET MARYLAN D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN	1 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
GRISFIELD 24 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM
E.W. McCready Memorial Hosp. 3. Name of Deceased	Last 4 DATE Month Day Yeer
	DNG DEATH DEC 18 19 61
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS) (ast birthday) Months Days Hours Man
M WIDOWED DIVORCED 10e. USUAL OCCUPATION IGIVE kind of work done during most of working life, even if retired	Hours Mun. 1 & RTHPLACE (County & State, or foreign country) Annihis Deys Hours Mun. 12. CITIZEN OF WHAT COUNTR
FARMER Farming	MARTON STATION MD. USA
ALEX LONG	GEORGIANNA PRICE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) Ilfyesgivewerordatesolservice)	17. INFORMANT Address
NO 210-38-9329 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	DOROTHY MARSHALL, MARION MD.
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) acute Del	I stend theme. 2 mills
Conditions, if eny, which gave rise to immediate cause	reflectes Clima regressets fearers
DIFE TO □	artico & cluvous
PART II OTHER'S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BL	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
	URED, (Enter nature of injury in Part I or Part II of from 18.)
2Dc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De While Not While st work et work	s. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fr	om June 1961, to DEC 18, 1951, that (1) (we) le
saw the deceased alive on DE.C. 18 19.61 and	that death occured at 1. 40 from the causes and on the date stated above
22e SIGNATURE	22b. DATE
Jeorge 6, Corumnia 1220. PHYSICIAN'S NAME (Type)	M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS SIGN
GEORGE C. COULBOURN	MD MARION STATION MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Sunnyridge	Cemetery Crisfield, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Bradshaw & Sons, Crisfield, Md.	DATE DEC 2 6 '61 Orthur S. Firms

MARYLAND STATE DEPARTMENT OF HEALTH



14459 PLACE OF DEATH filed v n. STATE SOMER SET MARYLAND the funeral shauld be fi haurs after death C. LENGTH OF STAY IN 16 b CITY OR TOWN (if auts de carporate limits, write RURAL and give nearest town) GRISFIELD DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION W. MCGREADY MEMORITAL Middle Last DECEASED executed with.n 24 death. WALTER Pages (Type or print) MAHAN SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH campletely ofter WIDOWED | DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) hours during most of warking life, even if retired) Preacher 13. FATHER'S NAME certificate GRANT MAHAN S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT altending 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO á Conditions, if any, which permit gned gove rise to immediate **DUE TO** cause (a), stating the underbeen si lying couse lost. burnal-transit CERTIFICATION n 11 41462 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d, INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not while of work at work p. m 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive on DECDIRECTOR: 220 S GNATURE 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) TO FUNE 23c NAME OF CEMETERY OF CENTANTON 230 BURIAL, CREMATION, 236 DATE THEREOF Rehobeth Methodist ADDRESS Md DATE DEG 2 9 '61 Pocomoke VR A15 (4)

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution Residence before acb. COUNTY SOMERSET MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEHOBETHIS RESIDENCE ON A FARM? YES X NO T 4. DATE Month Doy Year DEATH 196 DECEMBERIF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdov) Months 12. CITIZEN OF WHAT COUNTRY? THURNOIS Address ANNA MAHAN REHOBETH INTERVAL BETWEEN ONSET AND DEATH V1 11829 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 1. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (Stote) (County) . 19 LL . ta DFC 24, 1961 that (1) (we) last _ 1961 , and that death accurred at 2AM from the causes and an the date stated above 22b DATE S GNED DIRECTOR . CRISFIELDMARYLAND 23d. LOCAT ON (City, town, or county) Rehobeth, Maryland 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Chillian & Henri

MARYLAND STATE DEPARTMENT OF HEALTH

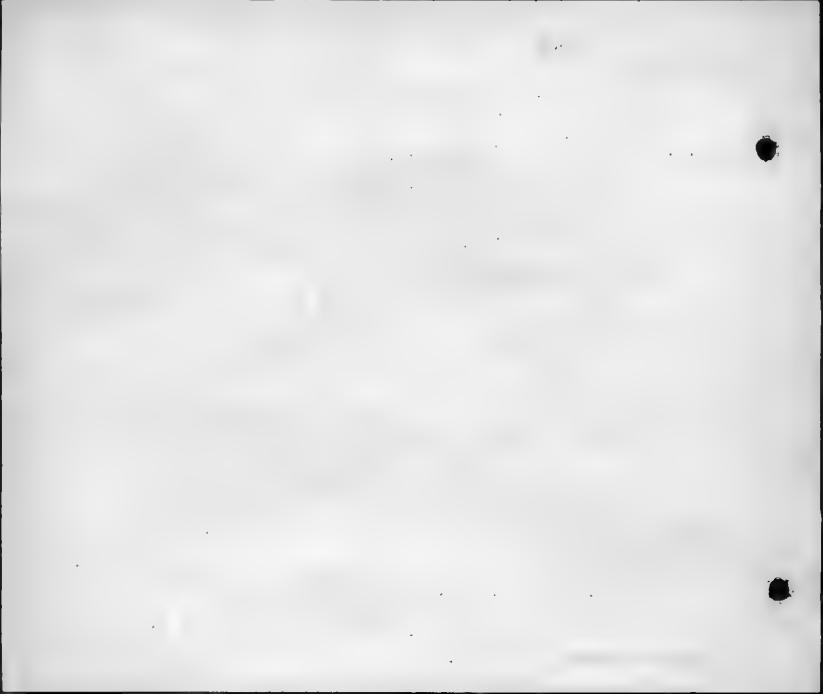
ISM 9/59



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14453 funeral I. PLACE OF DEATH USURI RESIDENCE (Where decreased lived, If just but on, Residence before edmission) a. COUNTY b. COUNTY SOMERSET OMERSET by the land 2 and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! DAYS UR.ISFIFLD5 d. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? W.McCREADY CHESAPEAKE MEMORIAL HOSPITAL YES NO K NAME OF Last Yeer DECEASED 1961 MARSHALL EMBER $P_{ER,CY}$ DEATH (Type or pr nt) carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX AGE (In years | IF JNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday] Months and Days Hours WIDOWED [physician 10a, USUAL OCCUPATION [Give kind of work Гетоме 105. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Custodian Fire Department MARYLAND CRISFIELD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending MARY ESTELLE JAMES $C_{R,T,S}$. 15. WAS DECEASED EVER IN J S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesquewerordetesofservice) lone BLANCHE MARSHALL CHESAPEAKE AVE No 18. CAUSE OF DEATH limiter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO attending Conditions, if any, which has been geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I....) 19. WAS AUTOPSY PERFORMED? Commercy. Cerebral episodo 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of Item 18 OR CONTRIBUTING [] CAUSE OF DEATH After this 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm,) (County, (Stete) Month, Dey, Yeer 2Dd. INJURY OCCURRED 2Df. (City or town) fectory, street, office bldg., etc.) While _Not While Hour e.m. at work | et work D. In. DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from ... 19.1..., and that death occured afsaw the deceased alive on L the causes and on the date stated above. 22b, DATE 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. AL 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) CRISFIELD, 1 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b DATE THEREOF REMOVAL (Specify) OF Sunnyridge Cemetery Crisfield. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 DEC 2 7 '61 all of & Thousa Bradshaw & Sons, Crisfield, Md.

DIVISION OF STATISTICAL RESEARCH

LAND STATE DEPARTMENT OF HEALTH

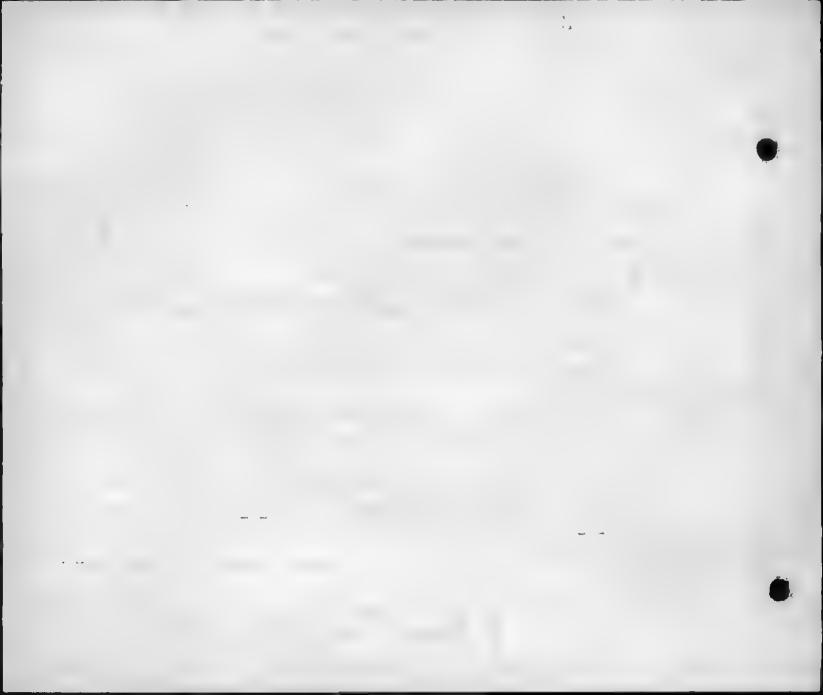


TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the direct certificate be executed within 24 hours after death. Page 4 may be righted by the haspital or attending physician.

TO FUNE: MRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye Carbon papers. Pages 1 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after yeath.

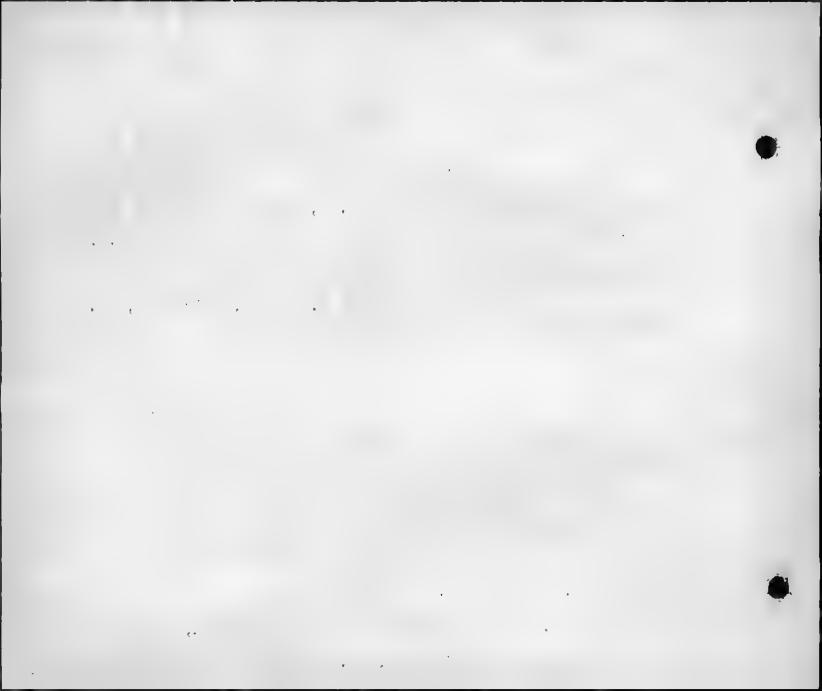
VS A15 (4) 15M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
		14454 CERTIFICATE OF DEATH Reg. Dist. No. 1404							
)		PLACE OF DEATH OF MERSET MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution) Representation of COUNTY COUNTY COUNTY CONTROLL							
	Z	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. DETTY OR TOWN (If outside corporate limits, write RURAL and give negrest town)							
		8. NAME OF HOSPITAL (If not in hospital, give prive) address to the street address of institution of hospital filt not hospital filter							
	3.	NAME OF DECEASED (Type or print) LYDIA Middle MESSICK 1. DATE OF DEATH DECEMBER 1961							
-	7	SEX Married Never Married 18. Date Of Birth Months Days Hours Min Min Months Days Hours Min							
		USUAL OCCUPATION (Give kind of work done 10b, who OF BUSINESS OR INDUSTRY 11. BIRTHPACE (Stole or foreign country) THUSE FLORE FLORE FLORE 12. CITIZEN OF WHAT COUNTRY: THUSE FLORE 13. A.							
	13.	MOBERT MESSICK JANE MESSICK							
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT S. no. of unknown) Provinging word or dones of services NONE MARY BOZMAN- XAMES (MARICRA)							
		18. CAUSE OF DEATH [Enter only one couse per line of (87, (b), and (87.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6] Acute Pulmonary edema 3 hours							
		Conditions, if ony, which) DUE TO Arteriosclerotic heart disease years							
46,149		gove rise to immediate code (a), stating the under- lying couse last.							
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO NO							
		200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter noture of injury in Port II or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED According to the state of work of the state of t							
		21. I certify that I attended the deceased from JULY 1958, 19 , to 12-4-61 , 19 , that I last saw the deceased alive on 12-4-61 , 19 , and that death occurred at 3A M, from the causes and an the date stated above							
		ACTUAL SIGNATURE Dames Quarter, Maryland 12-6-61							
		PHYSICIAN'S Everett C.SutterMD							
	220	REMOVAL (Specific Le of Gal Messiek Family Commencery Times (Ficher Med							
	23.	FUNDRAL DIRECTOR'S SIGNATURE ADDRESS							



hours ofter death?

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



14458 **CERTIFICATE OF DEATH** Reg. Dist. No. with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY Somerset filed a. STATE Maryland b. COUNTY Somerset MARYLAND hours after death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest town) Princess Anne Princess Anne Shauld yra. d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YESTE NO 3. NAME OF Middle 4. DATE DECEASED 29,1961 within 24 Pryor Dec. William (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9 AGE (In years (app gribdoy) Sept. 26,1886 Months: Male White WIDOWED | DIVORCED [7] 18a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Retired Farmer Farming U.S.A. Fruitland. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Pryor Clara Pusey 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address N Mrs. William Pryor, Princess Anne, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND, DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) arinari Wilmore 10 hu **DUE TO** Canditions, if any, which any gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO . 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Doy. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) Year (County) factory, street, affice bldg., etc.) Hour o.m. Not while of work of work 0 29 1966, that I last saw the deceased 21. I certify that I attended the deceased from United and that death occurred at 1.2.15.2 M, from the causes and an the date stated above. ACTUAL SIGNATURE prig o PHYSICIAN'S NAME (Type) he registrar 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) Allen Gemetery Allen, 24b. REGISTRAR'S SIGNATURE 24n, REC'D BY REGISTRAR A15 (4) m: 2. Thrus

15M 10/57

(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14457 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

RTIFICATE OF DEATH Reg. Dist. No. 124

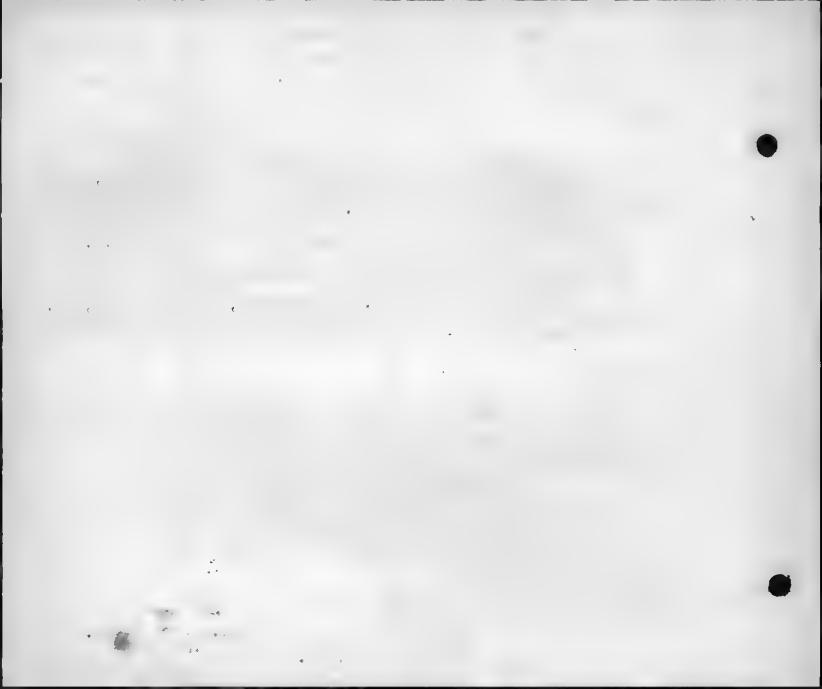
1	1. PLACE OF DEATH							2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)						
	SOMERSET MARYLAND							°MARYLAND SOWERSET						
	b. CITY OR TOWN (II outside corporate limits, write RURAL and give heacest sown)						b	c, CITY OR TOWN (If outside car	porate limits, v	rrite RURAL one	d give ne	egrest lawn)	
	PRINCESS ANNE 15 YEARS							X PRINCESS ANNE						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)							d. STREET ADDRESS					o. IS RESIDENCE ON A FARM? YES NO.	
	3. NAME OF -DECEASED (Type or print)		Fin	ıł		Middle		Last	4. DATE	м	onth	Day	Yeor	
			HARVE	7	M.	RUSSI	ELI	Ĺ.	OF DEATH	DEC.	25,		19 61	
	5. SEX		6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 8.		8. D	ATE OF BIRTH		9. AGE (in year			IF UNDER 24 HRS.			
	MALE		WHITE	WIDOWE				N.23,1906			/rs. Months	Days	Hours Min.	
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)							11. BIRTHPLACE (State	e ar fareign ç	ountry)	12. CIT	ZEN OF	WHAT COUNTRY?	
2	TRUCK BODY BUILDER						LEEMONT,	VA.		1	U.S.	.A.		
	13.	FATHER'S NAME					1.	. MOTHER'S MAIDEN	NAME	- ",				
		WARREN RUSSELL						MARGARET HINMAN						
	15. (Yes.		R IN U. S. ARMED FOI		SOCIAL SECU	RITY NO. 17.	INFO	INFORMANT Address						
		NO				I I	MRS	. HARVEY	RUSS	ELL F	RINCES	CESS ANNE, MD		
			H (Enter only one cau H WAS CAUSED BY: MMEDIATE CAUSE (a)									INTERV	YAL BETWEEN AND DEATH	
		14.	MMEDIATE CAUSE (a)	COT.OI	rary nes	art Dis	eas	ie				24	hrs.	
	DUE TO													
Canditians, if any, which gave rise to immediate cause (a), stating the underlying DUE TO														
cause last. (c)														
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO									CONDITION	GIVEN IN PAR		PERFORMED?		
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUT														
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home factory, street, affice bld at work at work									m, 20f. (City	or town)	(Cau	inty)	(State)
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inquiry . Inquiry .												
		death resulted fram: Natural causes (Accident , Suicide , Hamicide , Undetermined cause												
		ACTUAL SIGNATURE	Hollins	m	MX	-	N	LD. CHIEF MEDICAL E	XAMINER				DATE SIGNED	
		EXAMINER'S F	H. Johns	on, 1	1.D.			ASSISTANT MEDICAL		_		1.2	2/26/61	
	22a.	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO			OF CEMETERY C			22d. LOCAT	TION (City, taw	n, or county)		(Stale)	
		UHIAL FUNEBAL DIRECTOR'S	12-27-6	51	BEECH		MEN	MORIAL PA		RINCES			MD.	
	23.	THE DIRECTOR'S	O 1//					136	T D BY REGIST I さたタ g 'ら	4	GISTRAR'S SIG			
	LONN R. WILLIAM PRINCESS ANNE. MD. DATE EC 2 9 '61 Com & Thomas										3			



CERTIFICATE OF DEATH 14458 Reg. Dist No. 125 director, iled with hours after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE be filed **b.** COUNTY Somerset MERCHANIST STREET Somerset Md. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) pluods Deal Island Deal Island d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO W NAME OF First Middle 4. DATE tost Month Day Yeor DECEASED Susie (Type or print) DEATH Lee Scott December 16 19 6] AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely Doys Hours Min papers. female white WIDOWED 1 DIVORCED [79 m Dec. 6 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death Housewife and Maryland u.s. corban ofter 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME certificate Uriah Owens Susan Briddell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. John Webster Princess Anne, Md. attending 18. CAUSE OF DEATH [Enter only one couse per line-(or (o), (b), and (c).] INTERVAL BETWEEN 嗑 ONSET AND DEATH PART I. DEATH WAS CAUSED BYyears IMMEDIATE CAUSE (o) 4201 DUE TO permit. any Conditions, if ony, which been signed gove rise to immediate DUE TO cause (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) certificate 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) While Not while of work . of work ₽. m deteched for to Dec. 16, 1961, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 10-302M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE Prior å P registrar PHYSICIAN'S NAME (Type) FUNER n 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City town, or county) (Stote) page REMOVAL (Specify) 바 Rock Creek Chance 2 **FUNERAL DIRECTOR'S** SIGNATURE ADDRESS 24b REGISTRAR'S SH 24o. REC'D BY REGISTRAR VS A15 (4) Princess Anne. Mdar DEC 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S FOR STATE . PLACE OF DEATH . COUNTY # files. LHealth, Somerset MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. write RURAL and give neerest town) 9 Chance yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF Midd a DECEASED Theodore Tatlor (Type or print) 6. COLOR OR RACE 17. MARRIED X NEVER MARRIED 5. SFX 8. DATE OF BIRTH Male White WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Electrical Allen, Md. Contractor 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME page Fred Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) | Pauline Taylor- Chance, Maryland 18. CRUSE OF DEATH (Enter only one cause per line for (e), (b), end (c),) PART I. DEATH WAS CAUSED BY: Gun shot wound of head IMMEDIATE CAUSE (a) Office burial-t DUE TO Due to 22 rifle bullet Conditions, if any, which geve rise to immediate cause 35 Z DUE TO (a), steting the underlying d be used PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in very in Part 1 or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING shou e Rifle bullet in head CAUSE OF DEATH. the Chief R: Page 3 s ior to burit | 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, , 20f. (City or town) 20c. TIME OF INJURY Not While fectory, street, office bldg., etc.) While 12 20,61 et work el work to the OR: P prior 21 I certify that I took charge of the remains described above, held an Autopsy DIRECTO Surcide T. death resulted from. Natural causes Accident should be forward. FUNERAL DI ACTUAL R. H. Johnson, M.D. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 225 DATE THEREOF REMOVAL (Specify) Rock Creek Church Cemetery 240 p Burial 23. FUNERAL DIFECTO VS. AISME 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edimission) b. COUNTY Somerset c CITY OR TOWN (if outside corporete I m ts, write RURAL end give neerest town) Chance d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO TXX 4. DATE Yeer

December

YI3

last birthdey)

Chance.

22d. LOCATION (City, lown, or country)

Chance.

240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE

Undetermined manner

Inquiry XX

Inspection DC

Homicide 1

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

DEATH

Elizabeth Taylor

20.

U.S.A.

19. AGE (In yours | IF UNDER 1 YEAR) IF UNDER 24 HRS.

(County)

Somerset

Marvland

Chillian S. France.

1961

12. CIT ZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (Stella)

Md.

and in my opinion

DATE SIGNED

12-22-61

(State)

Instant



TO HOPPITAL OR ALTENDING PHYSICIAN: The law requirm that the death certificate be executed within 24 hours after death.

Jet 4 may be retained by the hospital or attending physician.

TO FUNCIAL DIRECTOR: After this certificate has been signed by the attending physician and completed the index the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capton papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AIS (4) 15M 7/61

14450	CERTIFICA	TE OF DEAT	H	4427			
PLACE OF DEATH a. COUNTY SOMERSET	MARYLAND	e. STATE are	E (Where decresed lived, If institution b. COUNTY B. COUNTY	SOMERSET			
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (II	outside corporate limits, write RURAL	end give nearest town)			
CRISFIELD d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	DAYS spitel, give street address)	J. d. STREET ADDRESS	SFIELD	. IS RESIDENCE			
.W. McCREADY MEMORIA		MARI.	NERS ROAD	YES NO			
NAME OF First DECEASED	Middle	Lest	4. DATE Month	Dey Year			
(Type or print) JOSEPHINI SEX 16. COLOR OR RACE T MARRIES		WARD	19. AGE (In years IF UND	ER 2 1961 DER 1 YEAR IF UNDER 24 HRS.			
F W WIDOWE	DIVORCED 4	-12-1876	last birthday) Month				
one during most of working life, even if ratirad)	IND OF BUSINESS OR INDUSTI	~	36	IISA			
HOUSEWIFE		URISFI.	ELD MD.	USA			
JAMES SOMERS		PRISCI	LLA MORGAN				
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. es, no, or unkown) (Ifyesgivawerordetesofservice)	SOCIAL SECURITY NO. 17.	NEORMANT	Address M	ARINGE S ROAD			
NO 18. CAUSE OF DEATH [Enter only one cause per li	ine for (e). (b), and (c).)	DNA BY	NO- CRISTI	I INTERVAL SETWEEN			
PART I. DEATH WAS CAUSED BY:	Puman	in tot	- 0 -	ONSET AND DEATH			
493 X DUE TO	/accerate	in term	ocri a t				
Conditions, if any, which (b)							
gave rise to immediate cause (e), stelling the underlying DUE TO							
PART II. OTHER SIGNIFICANT CONDITIONS CON	STRIBUTING TO DEATH RUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPS			
TAKE III OF THE STATE CONDITIONS ASS.				PERFORMED?			
200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in f	ert I or Pert II of item 18.)	,			
20c. TIME OF INJURY Month, Dey, Yeer 20d. While two p.m. 19 et wor	Not While fac	CE OF INJURY (Home, farm ary, street, office bldg., etc.		(County) (Stete)			
21. I certify that (I) (this hospital) attended the deceased from 1951, to 12-2, 1961, that (saw the deceased alive on 1961, and that deeth occurred 4.P.M., from the causes and on the date st							
220. SIGNATURE CORCUM	Cey "	.D. PHYS.	STAFF RECTOR PHYS.	12/2/ 12/2/			
22c. PHYSICIAN'S NAME (Type) C. G. RAWL	EY, M.D.	CRISF	IELD, MARYLAN	TD			
BMOYAL (Specify) 12 - 5 - 6	MARINER S	METHODIST	23d. LOCATION (City, town or c	ounty) (Stete)			
וטייני או ברורוענו							

MARYLAND STATE DEPARTMENT OF HEALTH

00 441 B. . . . Column of the fact of the column of WALSTER TO . WILLIAM PARTY LANCE COTAGE CONTRACTOR LANCE OF THE PARTY AND THE PARTY OF THE PARTY NEWS EDWS EXERT DICEPTER NIS Comment of the Comment C. LANDER C. II. TO GRICHTEL MARRIAGE Budin 2 - 2 - 4 William & Milliam & Budine

VR A15 (4) 15M 7/61

executed

Sons.

Crisfield, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Current S. Thomas

a. IS RESIDENCE

YES NO Y

Year

19

IF UNDER 24 HRS.

ON A FARM?

61

HRS. JOMIN

PERFORMED?

NO X

(Stete)

22b. DATE

(State)

SIGNED

NEW PERCY PLANES, WELLEVILLE THE PER THE RESERVE OF THE PERSON OF T . h. ELECT AND ALL and allering to the little in the